

EMPLOYER VERIFICATION OF EMPLOYMENT AND INCOME

Use this form to prove your employment and income. Filling out this form is easy!
Here's how:

1. Fill out and sign the Authorization to Release Information section at the bottom of this page.
2. Give this form to your employer to fill out.
3. Send both pages (front and back) to us. Or you can have your employer send them to us.

Sending your missing information is easy! You can choose from one of three ways:

Fax this form to us: 1-866-867-0054 (A fax to this number is free.)

Mail this form to us: *Florida KidCare*
P.O. Box 591
Tallahassee, FL 32302-0591

Email this form to us: contactus@healthykids.org

If you have questions:

We are here to help. Our number is 1-888-540-KIDS (5437).

Sincerely,

Florida KidCare

AUTHORIZATION TO RELEASE INFORMATION – <u>To be Completed by Employee</u>
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I agree to the release of employment information to see if my child qualifies for Florida KidCare.

Employee Signature

____/____/_____
Date

Employee Name

____-____-_____
Employee Social Security Number

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EMPLOYER VERIFICATION OF EMPLOYMENT AND INCOME

EMPLOYEE INFORMATION – To be Completed by Employer

Please answer the following questions for the employee listed on the first page.

1. Number of Hours Worked per Week: _____ Number of Days Worked per Week: _____
2. How often is the employee paid: ☐ Daily ☐ Weekly
☐ Bi-Weekly ☐ Monthly ☐ Twice a month ☐ Other: _____
Please explain
3. Rate of pay before taxes: \$ _____ per _____ ☐ Other: _____
Hour/Day/Week/etc. Please explain
4. If hours or rate of pay has varied in the above period, please explain why (include tip information here):

Employer Statement: What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

_____ Signature of Employer	_____ Employer's Title
_____ Name of Employer (please print)	(_____)_____ Employer's Telephone Number
_____ Name of Business	_____ Date Completed
_____ Business Address	_____ City State Zip

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